



**Wayne County  
Homeowner Rehabilitation  
Program  
Application  
for Hamtramck Residents**

Submit documents electronically to:

Lucius Anthony

Community Development Coordinator | Wayne County

[lanthony@waynecounty.com](mailto:lanthony@waynecounty.com)

(313) 224-5146

For City of Hamtramck assistance, contact  
Community and Economic Development Department  
[ced@hamtramckcity.com](mailto:ced@hamtramckcity.com)  
(313) 800-5233 ext. 818

**Note: Do not put Social Security Number! Black out all  
SS#'s prior to submitting!**

**Wayne County HOME Program &  
Homeowner Rehabilitation Program  
Checklist of Materials Submitted to County for Approval**

Client Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ MI Zip \_\_\_\_\_

**Pre-Approval**

- Homeowner Assistance Application
- Copies of identification (e.g. drivers license, passport, etc) of applicant and adults (over 18) living in home
- Data Entry Completion Form
- Copies of pay stubs, social security income, etc for all applicants and adults living in home (**Must provide 2 months of income**)
- Affidavit of no income (if applicable)
- Evidence of ownership and current Wayne County taxes
- Copy of homeowners insurance (**Declaration**)
- Current utility statement
- Knowledge of lead disclosure declaration
- Notarized Conflict of Interest Affidavit or HUD Exception Request

**Additional Items for Final Draw**

- Signed Request for Reimbursement (*Provided by Wayne County*)
- Signed Affidavit (*Provided by Wayne County*)
- Signed Financial Review Form (Please Fill Out)
- Copy of Approval Letter Received
- Copy of Notice to Proceed
- Final Bid Specifications
- Evidence of Payment to Contractors
- Lead Clearance Report
- Evidence that Property meets Local Housing Code
- Final Inspection

**Wayne County  
CDBG Housing Rehabilitation Program  
Application for Housing Rehabilitation Deferred Loan**

**General Applicant Information**

Name: \_\_\_\_\_  
 Spouse: \_\_\_\_\_  
 Address: \_\_\_\_\_ **Year House Built?** \_\_\_\_\_  
 City: \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_  
 Applicant's Age: \_\_\_\_\_ Spouse's Age: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

*Please provide the following information for each ADDITIONAL person currently living at this address:*

	Name	Age	Relationship
Person 1	_____	_____	_____
Person 2	_____	_____	_____
Person 3	_____	_____	_____
Person 4	_____	_____	_____

*Please indicate the following regarding the family:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White            | <input type="checkbox"/> Asian                       | <input type="checkbox"/> Female Head of Household |
| <input type="checkbox"/> African American | <input type="checkbox"/> Aleutian or American Indian |   |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Other                       |   |

**Mortgage or Land Contract Holder:**

Current Mortgage or Land Contract Payment: \_\_\_\_\_ per month  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

**Homeowner Insurance**

Name of Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**For Office Use Only**

State Equalized Value: \$ _____	Property Taxes: \$ _____
Date House was Built: _____	Water: \$ _____
Type of Ownership:	Special Assessments Owed: \$ _____
<input type="checkbox"/> Warranty Deed	Mortgage/House Balance: \$ _____
<input type="checkbox"/> Quit Claim Deed	Other: \$ _____
<input type="checkbox"/> Land Contract (please provide date of land contract) _____	Specify: _____
<input type="checkbox"/> Divorce/Judgment	
Current Monthly Housing Payment: \$ _____	Income Status
Current Annual Household Income (from Household Income Worksheet): \$ _____	<input type="checkbox"/> Very Low < 30% <input type="checkbox"/> Low 30 - 50 % <input type="checkbox"/> Moderate 50 - 80%

**Household Income Worksheet**

Please enter all regular monthly income, for EVERY person over the age of 18 living in the house, in the appropriate columns below. Documentation may be requested at a later date to verify the information provided.

Anticipated Income					
Family Members	Monthly Wages/Salaries	Monthly Benefits/Pensions	Monthly Public Assistance	Other Monthly Income Amount	Specify
Applicant					
Spouse					
Person 1					
Person 2					
Person 3					
Person 4					
<b>Monthly Totals</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	
<b>Total Monthly Anticipated Income (add a, b, c, and d and enter the result in e.)</b>				<b>e.</b>	
<b>Total Annual Anticipated Income (multiply e by 12 and enter result in f)</b>				<b>f.</b>	

Please enter information about all assets, not including your house, in the table below.

Asset Income			
Family Member	Asset Description	Current Cash Value of Asset (if asset does not generate income)	Actual Annual Income from Asset (if asset generates income)
<b>Net Cash Value of Assets (add all numbers in the column above g)</b>		<b>g.</b>	
<b>If g is more than \$5,000, multiply g by 0.02 and enter the result in h otherwise leave h blank</b>		<b>h.</b>	
<b>Total Actual Income from Assets (add all numbers in the column above i)</b>			<b>i.</b>

Total Annual Income	
Total Anticipated Annual Income from f	
Total Expected Asset Income from h	
Total Actual Income from Assets from i	
<b>Total Annual Income (add f, h, and i)</b>	

Please indicate employment information for applicable persons below

	Employer	Contact Name	Address	Telephone
Applicant				( )
Spouse				( )
Person 1				( )
Person 2				( )
Person 3				( )
Person 4				( )

**Owner Request For Repairs**

Please list in order of your preference the work that you would like to see done to your house. Please keep in mind that the Wayne County Housing Rehabilitation Program will be performing other work, not necessarily included in this list, in an attempt to bring the house up to code.

In addition, your home will be inspected by the local community for code violations. These code violations will take precedence over your requested repairs.

Priority #	Description Of Work	Location Of Work
Priority #	Description Of Work	Location Of Work

**Penalty For False Or Fraudulent Statements:**  
 U.S.C. Title 18, Sec. 1001, provides: "whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly falsifies . . . or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I (WE) HEREBY CERTIFY that all the information supplied in this application is TRUE AND COMPLETE to the best of my (our) knowledge and do GRANT PERMISSION to the County of Wayne to obtain PROOF (including the verification of financial accounts) of any information contained herein in order to determine program eligibility.

I (WE) FURTHER grant permission to the County of Wayne to undertake the following: make inspections of the property described above; estimations and bidding by private contractors; and inspections of the property for program monitoring purposes by any governmental agency.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

Insert  
Copies of  
Identification

For all Applicants  
And  
Adults (over 18)  
Living in the home

**HERE**

Wayne County



CDBG Homeowner Rehabilitation

**DATA ENTRY COMPLETION FORM**

Community Name: \_\_\_\_\_ CDBG Program Year: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Homeowner Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Property:  Single Family (1-4 unit)  Condominium  Cooperative  Manufactured Housing

Year House Built: \_\_\_\_\_ Section 504 Accessible?:  Yes  No Number of Bedrooms: \_\_\_\_\_

Size of Household: \_\_\_\_\_ Persons (Adult) \_\_\_\_\_ Persons (Children)

Head of Household:  Single/Non-Elderly  Elderly  Single Parent  Two Parents  Other

Percent of Area Median Income:  0% to 30%  30% to 50%  
 50% to 80%

Race/Ethnic Background: Hispanic:  Yes  No

- White  Black/African American  Black/African American & White
- Asian  Asian & White  American Indian/Alaskan Native
- American Indian/Alaskan Native & White  Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & Black/African American  Other Multi-Racial

**Applicable Lead Base Paint Requirement** **#Units**

Housing Constructed before 1978 \_\_\_\_\_

Exempt Housing Constructed 1978 or later: \_\_\_\_\_

Exempt: No Paint Disturbed: \_\_\_\_\_

Otherwise Exempt: \_\_\_\_\_

**Lead Hazard Remediation Action (For Rehabilitation Only)**

Lead Safe Work Practices (24 CFR 35.930 (b)) (Hard Cost <= \$5,000) \_\_\_\_\_

Intern Controls or Standards Practices (24 CFR 35.930 c)) (Hard Cost \$5,000 to \$25,000.) \_\_\_\_\_

Abatement (24.CFR 35.390 (d)) (Hard Cost >\$25,000.00) \_\_\_\_\_

Does the Home meet Energy Star Standards?:  Yes  No

State Equalize Value: \_\_\_\_\_ Value After Rehabilitation Work: \_\_\_\_\_

Insert  
Copies of  
Pay Stubs, Social Security  
Income

---

Other Income!

For all Applicants

And

Adults (over 18)

Living in the Home

**HERE**



**THIS AFFIDAVIT MUST BE EXECUTED BY ADULT HOUSEHOLD MEMBER  
AFFIDVIT OF SOURCES OF ZERO INCOME**

STATE OF MICHIGAN )

) SS

COUNTY OF WAYNE )

I \_\_\_\_\_ reside at \_\_\_\_\_ in \_\_\_\_\_, Michigan do hereby certify that I do not receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
- i. Sales from self-employed resources;
- j. Any other sources not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations here-in constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of the improvements being provided to the above address.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Wayne County, Michigan

My Commission Expires: \_\_\_\_\_

Insert  
Evidence of Ownership  
And  
Current Wayne County  
Tax

**HERE**

Insert  
Copies of  
Home owners insurance  
(Declaration Page)  
And  
A Copy of a  
Current Utility Statement  
**HERE**

**Wayne County CDBG Housing Rehabilitation Program**  
**Lead-Based Paint Exempt Activity Declaration**

The U.S. Department of Housing and Urban Development, through 24 CFR 35, requires that efforts are taken to protect the occupants and workers during Community Development Block Grant (CDBG) and HOME funded housing rehabilitation activities.

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Phone* \_\_\_\_\_  
\_\_\_\_\_, Michigan \_\_\_\_\_  
\_\_\_\_\_  
*Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

I certify that all housing rehabilitation activities that will occur at the home referenced above, hereafter referred to as "the Housing Unit", are exempt from the Lead-Based Paint Requirements in Federally Assisted Housing outlined in 24 CFR 35, and that all housing rehabilitation activities at the Housing Unit will be limited to the exemption indicated below or that the conditions under which the work is performed exist.

- All housing rehabilitation activities to be done in the Housing Unit, regardless of the funding source, will not disturb a painted surface.  
*Please attach a statement describing the full scope of work*
- The Housing Unit is one which construction was completed on or after January 1, 1978.  
*Please attach a copy of the deed to the property*
- The Housing Unit was found not to have lead-based paint by a lead-based paint inspection conducted in accordance with 24 CFR 35.1320(a).  
*Please attach certified Lead-Inspection. Results of additional test(s) by a certified lead-based paint inspector may be used to confirm or refute a prior finding.*
- The Housing Unit is one in which all lead-based paint has been identified, removed, and clearance has been achieved in accordance with 40 CFR 745.227(b)(e) before September 15, 2000, or in accordance with 24 CFR 35.1320, 35.1325 and 24 CFR 35.1340 on or after September 15, 2000.  
*Please attach certified Lead-Risk Assessment or Lead-Inspection, and adequate documentation regarding the scope of the previous work and proof of its completion. This exemption does not apply to residential property where enclosure or encapsulation has been used as a method of abatement.*
- The Housing Unit is an unoccupied dwelling unit or residential property that is to be demolished, provided the dwelling unit or property will remain unoccupied until demolition.  
*Please attach a Declaration of Vacancy*

I further certify that if the scope of work changes at the Housing Unit to disturb any painted surfaces not covered within the exemption noted above, all regulations regarding Lead-Based Paint in Federally Assisted Housing will be followed as outlined by 24 CFR 35.

I further certify that the above exemption and all supporting documentation is true, and that falsification of any information connected to this Certification may disqualify any assistance provided to the Housing Unit, including the reimbursement of costs incurred by the housing rehabilitation activities, through the Wayne County CDBG Housing Rehabilitation Program.

- I further certify that the Homeowner has received and reviewed a copy of *The Lead Based Paint Pre-Renovation Education Rule*
- I further certify that the Homeowner has received and reviewed a copy of *Protect Your Family From Lead In Your Home*
- I further certify that I am aware that my house will be ineligible to receive future, additional repair assistance under this program, except in the case of an emergency situation.

\_\_\_\_\_  
*Community Representative* \_\_\_\_\_ *Date* \_\_\_\_\_ *Community Specifications Writer* \_\_\_\_\_ *Date* \_\_\_\_\_  
\_\_\_\_\_  
*Homeowner* \_\_\_\_\_ *Date* \_\_\_\_\_

**This form shall be completed and signed by all affected parties and returned, with all necessary documentation, to Wayne County Community Development Division prior to the commitment of funding to the project through a signed contract. A commitment may occur only after a copy of this waiver is returned to the community with a dated received stamp from the Wayne County Community Development Division. Please mail completed forms to:**

**Wayne County CDBG Housing Rehabilitation Program, Wayne County Community Development Division, 500 Griswold, 10<sup>th</sup> floor, Detroit, Michigan 48226**

*Incomplete forms are not valid*

**WAYNE COUNTY HOME & CDBG  
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, the best of my (our) knowledge:

My (our) income is less than or equal to 80% of the area median income for a household of \_\_\_\_\_ person (s) which is the first requirement to be a recipient of Wayne County 's Housing Rehabilitation Assistance.

I (we) have not granted any gratuitous funds to any related party of the County and are not related to any employee or office of the County of Wayne or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with the Wayne County HOME or CDBG Program.

I (we) understand the following citation from 24CFR Par 92.356(b) and, to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 92.356 (b) Conflict prohibited. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24CFR Part 92.356 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or sub-recipient which are receiving HOME funds.

HOMEOWNER (S):

WITNESS (S):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN)

) SS

COUNTY OF WAYNE )

On \_\_\_\_\_, before me, a Notary Public in Wayne County, personally appeared

\_\_\_\_\_, who acknowledge and executed this document.

\_\_\_\_\_  
Notary Public, Wayne County, MI

My commission Expires: \_\_\_\_\_